

Exhibit 28

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2005 calendar year, or tax year beginning , 2005, and ending

Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION
707 BROADWAY #700
SAN DIEGO, CA 92101

D Employer Identification Number

11-3692035

E Telephone number

619-533-3505

F Accounting method:

☒ Cash ☐ Accrual

Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ... ☐ Yes ☒ No

H (b) If "Yes," enter number of affiliates ▶

H (c) Are all affiliates included? ... ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number. ▶

M Check ☒ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: WWW.FAMILYJUSTICECENTER.ORG

J Organization type

(check only one) ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS; but if the organization
chooses to file a return, be sure to file a complete return. Some states require a
complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,911,337.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	885,960.			
b Indirect public support	1b	89,415.			
c Government contributions (grants)	1c	815,559.			
d Total (add lines 1a through 1c) (cash \$ 1,790,934. noncash \$)	1d	1,790,934.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4	31,679.			
5 Dividends and interest from securities	5				
6a Gross rents	6a				
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
b Less: cost or other basis and sales expenses	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 163,720. of contributions reported on line 1a)	9a	88,724.			
b Less: direct expenses other than fundraising expenses	9b	165,564.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	-76,840.			
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,745,773.			
13 Program services (from line 44, column (B))	13	912,153.			
14 Management and general (from line 44, column (C))	14	289,410.			
15 Fundraising (from line 44, column (D))	15	430,978.			
16 Payments to affiliates (attach schedule)	16	117,106.			
17 Total expenses (add lines 16 and 44, column (A))	17	1,749,647.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-3,874.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,768,884.			
20 Other changes in net assets or fund balances (attach explanation)	20	-951,151.			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,813,859.			

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 15 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25	380,605.	214,033.	166,572.	0.
26 Other salaries and wages	26	93,804.	93,804.		
27 Pension plan contributions	27				
28 Other employee benefits	28	893.	893.		
29 Payroll taxes	29	36,500.	22,882.	13,618.	
30 Professional fundraising fees	30				
31 Accounting fees	31	11,611.	11,611.		
32 Legal fees	32	13,750.	13,750.		
33 Supplies	33	9,214.	4,483.	4,731.	
34 Telephone	34	27,321.	23,514.	3,807.	
35 Postage and shipping	35	7,824.	1,303.	1,670.	4,851.
36 Occupancy	36	6,927.	6,927.		
37 Equipment rental and maintenance	37	12,807.	11,829.	978.	
38 Printing and publications	38	12,778.	2,102.	3,034.	7,642.
39 Travel	39	7,653.	7,364.	289.	
40 Conferences, conventions, and meetings	40	135,348.	135,348.		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	5,911.		5,911.	
43 Other expenses not covered above (itemize):					
a See Statement 4	43a	869,595.	362,310.	88,800.	418,485.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,632,541.	912,153.	289,410.	430,978.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services

\$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated

to Fundraising \$ _____

BAA

Form 990 (2005)

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <u>See Statement 5</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a RAISE MONEY AND PROVIDE SUPPORT FOR CAMP HOME, A JOINT PROJECT OF SD WATER DEPT AND CAMP HOPE, INC. TO PROVIDE A CAMPING FACILITY FOR VICTIMS OF DOMESTIC VIOLENCE. (Grants and allocations \$ 201,896.) If this amount includes foreign grants, check here <input type="checkbox"/>	128,260.
b OFFICE ON VIOLENCE AGAINST WOMEN TECHNICAL ASSISTANCE PROGRAM PROVIDES EXPERTISE AND SUPPORT NEEDED TO DEVELOP AND IMPLEMENT 15 SUCCESSFUL STATE, LOCAL, TRIBAL AND CAMPUS PROJECTS, TO INCREASE VICTIM SAFETY, AND BOLSTER OFFENDER ACCOUNTABILITY. (Grants and allocations \$ 815,559.) If this amount includes foreign grants, check here <input type="checkbox"/>	783,893.
c _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) _____	912,153.

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Form 990 (2005)

Part IV Balance Sheets (See instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing		45	
	46 Savings and temporary cash investments	1,606,880.	46	1,487,488.
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a 59,903.		
	b Less: allowance for doubtful accounts	48b	48c	59,903.
	49 Grants receivable	1,236,658.	49	411,099.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch.)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 22,782.			
b Less: accumulated depreciation (attach schedule)	57b	57c	16,871.	
58 Other assets (describe		58		
59 Total assets (must equal line 74). Add lines 45 through 58.	2,873,538.	59	1,975,361.	
LIABILITIES	60 Accounts payable and accrued expenses	104,654.	60	161,502.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe		65	
66 Total liabilities. Add lines 60 through 65	104,654.	66	161,502.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	15,660.	67	79,716.
	68 Temporarily restricted	2,753,224.	68	1,734,143.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,768,884.	73	1,813,859.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	2,873,538.	74	1,975,361.	

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Form 990 (2005)

Yes	No
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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75b		X
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75c	X
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[illegible]

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398</
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75d	X	
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ed below)

Part VI Other Information (See the instructions.)		Yes	No

76	X
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77	X
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78a		X
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78b	N/A
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79	X
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80a		X
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81 a 0

81 b	X
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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ None		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	0
91 a	The books are in care of ▶ MICHAEL SCOGIN Telephone number ▶ 619-533-3505 Located at ▶ ZIP + 4 ▶		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	91 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	91 c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

BAA

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies...					
94 Membership dues and assessments...					
95 Interest on savings & temporary cash invmnts...			14	31,679.	
96 Dividends & interest from securities...					
97 Net rental income or (loss) from real estate:					
a debt-financed property.....					
b not debt-financed property.....					
98 Net rental income or (loss) from pers prop....					
99 Other investment income.....					
100 Gain or (loss) from sales of assets other than inventory.....					
101 Net income or (loss) from special events.....					-76,840.
102 Gross profit or (loss) from sales of inventory....					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).....				31,679.	-76,840.
105 Total (add line 104, columns (B), (D), and (E)).....					-45,161.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101	GOLF TOURNAMENT AND GALA HELD TO RAISE AWARENESS OF THE FOUNDATIONS' PROGRAMS AND TO SOLICIT CONTRIBUTIONS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer Michale Scogin, CFO		Date	
Paid Preparer's Use Only	Preparer's signature	Sandra K. Hara	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Barsa, Hara & Company, LLP 12264 El Camino Real, Suite 400 San Diego, CA 92130-3063	EIN	Preparer's SSN or PTIN (See General Instruction W) N/A
			Phone no.	(858) 244-5056

BAA

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization **SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION**

Employer identification number
11-3692035

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE		0	0.	0.
Total number of other employees paid over \$50,000	0			

Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Austin Veum Robbins Parshalle 600 W Broadway Ste 200 SAN DIEGO, CA 92101-3352	ARCHITECTURE	103,298.
PROJECT DESIGN CONSULTING 701 B. Street, Suite 800 San Diego, CA 92101	CONSTRUCTION	60,000.
Total number of others receiving over \$50,000 for professional services	0	

Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

Yes	No
-----	----

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ <u> N/A </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p>	1	X
<p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>		
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)</p>	3a	X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	3c	X
<p>4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a	X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b	X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,046,434.	1,500,000.			3,546,434.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	2,046,434.	1,500,000.			3,546,434.
24 Line 23 minus line 17	2,046,434.	1,500,000.			3,546,434.
25 Enter 1% of line 23	20,464.	15,000.			

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	N/A	26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____		26d
e Public support (line 26c minus line 26d total)		26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f %

27 Organizations described on line 12:		
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ 0. (2003) _____ 0. (2002) _____ 0. (2001) _____ 0.		
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ 0. (2003) _____ 0. (2002) _____ 0. (2001) _____ 0.		
c Add: Amounts from column (e) for lines: 15 _____ 3,546,434. 16 _____ 17 _____ 20 _____ 21 _____		27c 3,546,434.
d Add: Line 27a total _____ 0. and line 27b total _____ 0.		27d 0.
e Public support (line 27c total minus line 27d total)		27e 3,546,434.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f 3,546,434.	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g 100.00 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h 0. %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		

34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.		

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is —		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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Schedule A (Form 990 or 990-EZ) 2005

2005

Federal Statements
SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION

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Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contributions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
GOLF TOURNAMENT	126,080.	42,006.	84,074.	44,427.	39,647.
GALA	101,544.	101,544.	0.	94,650.	-94,650.
WINE & BREEZES	24,820.	20,170.	4,650.	26,487.	-21,837.
Total	<u>\$ 252,444.</u>	<u>\$ 163,720.</u>	<u>\$ 88,724.</u>	<u>\$ 165,564.</u>	<u>\$ -76,840.</u>

Statement 2
Form 990, Part I, Line 16
Payments to Affiliates

<u>Name and Address</u>	<u>Purpose of Payment</u>	<u>Amount</u>
CHILDREN'S HOSPITAL CHILDREN'S WAY SAN DIEGO, CA 92101	PARTNER SUPPORT COSTS	\$ 117,106.
Total		<u>\$ 117,106.</u>

Statement 3
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

ADJ TO DONATION ACCRUAL 2004.....	\$ -957,062.
BOOK/TAX DEPRECIATION ADJ.....	5,911.
Total	<u>\$ -951,151.</u>

Statement 4
Form 990, Part II, Line 43
Other Expenses

	<u>(A)</u> <u>Total</u>	<u>(B)</u> <u>Program Services</u>	<u>(C)</u> <u>Management & General</u>	<u>(D)</u> <u>Fundraising</u>
BANK FEES	497.	497.		
CAMP HOPE OUTSIDE CONSULTING	43,333.	43,333.		
CHAPLANCY COSTS	11,848.	11,848.		
COMPUTERS & TECH	21,532.	21,532.		
CONSULTING	204,781.	113,345.	55,436.	36,000.
DONOR RELATIONS	3,252.		3,252.	
DUES AND SUBSCRIPTIONS	1,088.	1,088.		
EMPLOYEE RELATIONS	2,394.	2,394.		
EQUIPMENT	23,209.	23,209.		
EQUIPMENT RENTAL	406,388.	23,903.		382,485.
INSURANCE	19,625.	3,123.	16,502.	
LEARNING XCHANGE	9,176.	9,176.		
LICENSE FEES & PERMITS	520.	520.		

Client SDFJCF

SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION

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Statement 4 (continued)
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
MEALS FOR MEETINGS	5,024.	1,467.	3,557.	
MISCELLANEOUS	8,533.	8,533.		
OFFICE EXPENSE	6,746.	6,746.		
PARKING	8,817.	5,220.	3,597.	
PARTNER SUPPORT PROG. EXP	395.	395.		
PAYROLL SERVICE	1,625.	585.	1,040.	
SANITARY EXPENSE	15,115.	15,115.		
TRAINING	22,815.	22,815.		
TRANSPORTATION EXPENSES	5,678.	5,678.		
VIDEO COSTS	23,495.	23,495.		
WEBPAGE UPDATE	18,039.	17,879.	160.	
WORKERS' COMPENSATION	5,670.	414.	5,256.	
Total	\$ 869,595.	\$ 362,310.	\$ 88,800.	\$ 418,485.

Statement 5
Form 990, Part III
Organization's Primary Exempt Purpose

PRIMARY PURPOSE IS TO OPERATE A COMPREHENSIVE FACILITY FOR, AND PROVIDE SERVICES TO, VICTIMS OF FAMILY VIOLENCE AND THEIR CHILDREN.

Statement 6
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Miscellaneous	\$ 22,782.	\$ 5,911.	\$ 16,871.
Total	\$ 22,782.	\$ 5,911.	\$ 16,871.

Statement 7
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
TOM BROWN P.O. BOX 231640 ENCINITAS, CA 92023	President \$ 0	0. \$	0. \$	0.

Client SDFJCF

SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION

11-3692035

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Statement 7 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
HAROLD DOKMO 700 BROADWAY, 7TH FLOOR SAN DIEGO, CA 92101	CEO 0	\$ 0.	\$ 0.	\$ 0.
CASEY GWINN 1200 THIRD AVENUE, SUITE 1620 SAN DIEGO, CA 92101	Executive Direc 0	0.	0.	0.
MICHAEL SCOGIN 2300 BOSWELL ROAD CHULA VISTA, CA 91914	CFO 0	0.	0.	0.
SHARON SMITH 1200 THIRD AVENUE, SUITE 700 SAN DIEGO, CA 92101	Executive Direc 0	106,855.	0.	0.
SANDRA BURR 6670 FEDERAL BOULEVARD LEMON GROVE, CA 91945	Trustee 0	0.	0.	0.
Gael STRACK 707 BROADWAY, SUITE 700 SAN DIEGO, CA 92101	Director 0	0.	0.	0.
MARA LETTAU 470 W. LAUREL STREET SAN DIEGO, CA 92101	Treasurer 0	0.	0.	0.
DENISE BOWMAN 5265 CANTERBURY DRIVE SAN DIEGO, CA 92116	Trustee 0	32,589.	0.	0.
KURTINA CHODOROW 10916 SPICEWOOD COURT SAN DIEGO, CA 92130	Trustee 0	0.	0.	0.
MARY ENGLAND 7915 NICHALS STREET LEMON GROVE, CA 91945	Trustee 0	0.	0.	0.
MARTIN WALDINGER 7340 CAMINITO BASSANO WEST LA JOLLA, CA 92037	Trustee 0	0.	0.	0.
MONICA B. ARMSTRONG 470 W. LAUREL STREET SAN DIEGO, CA 92101	Trustee 0	0.	0.	0.

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Federal Statements

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SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION

11-3692035

6/29/07

03:25PM

Statement 7 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
KAREN BERNEY P.O. BOX 1090 SOLANA BEACH, CA 92075	Trustee 0	\$ 0.	\$ 0.	\$ 0.
	Total	\$ 139,444.	\$ 0.	\$ 0.

Exempt Organization Business
Income Tax Return (and proxy tax under Section 6033(e))

OMB No. 1545-0087

For calendar year 2005 or other tax year beginning _____, 2005,

2005

Department of the Treasury
Internal Revenue Service

and ending _____, _____

▶ See separate instructions.

<input type="checkbox"/> Check box if address changed		<input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number (Employees' trust, see instructions for Block D.) 11-3692035	
B Exempt under Section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type SAN DIEGO FAMILY JUSTICE CENTER FOUNDATION 707 BROADWAY #700 SAN DIEGO, CA 92101		E New unrelated business activity codes (See instructions for Block E.)	
C Book value of all assets at end of year 1,975,361		F Group exemption number (see instructions for Block F) ▶			
		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			
H Describe the organization's primary unrelated business activity. ▶					
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter the name and identifying number of the parent corporation. ▶					
J The books are in care of ▶ MICHAEL SCOGIN		Telephone number ▶ 619-533-3505			

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (see instructions — attach schedule)		12		
13 Total. Combine lines 3 through 12		13	0.	0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		
14 Compensation of officers, directors, and trustees (Schedule K)		14
15 Salaries and wages		15
16 Repairs and maintenance		16
17 Bad debts		17
18 Interest (attach schedule)		18
19 Taxes and licenses		19
20 Charitable contributions (see instructions for limitation rules)		20
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion		23
24 Contributions to deferred compensation plans		24
25 Employee benefit programs		25
26 Excess exempt expenses (Schedule I)		26
27 Excess readership costs (Schedule J)		27
28 Other deductions (attach schedule)		28
29 Total deductions. Add lines 14 through 28		29
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30
31 Net operating loss deduction (limited to the amount on line 30)		31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32 0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.		34 0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) — check here <input type="checkbox"/> . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$ c Income tax on the amount on line 34		35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax.		38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (See instructions)	40b		
c General business credit — Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify)	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d	40e		0.
41 Subtract line 40e from line 39	41		0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		
43 Total tax. Add lines 41 and 42	43		0.
44a Payments: A 2004 overpayment credited to 2005	44a		
b 2005 estimated tax payments	44b		
c Tax deposited with Form 8868	44c		
d Foreign organizations — Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	44f		
45 Total payments. Add lines 44a through 44f	45		0.
46 Estimated tax penalty (See instructions). Check <input type="checkbox"/> if Form 2220 is attached	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47		
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		
49 Enter the amount of line 48 you want: Credited to 2006 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49		

Part V Statements Regarding Certain Activities and Other Information (See instructions.)

1 At any time during the 2005 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If 'Yes,' the organization may have to file Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	Yes	No
If 'Yes,' see the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		0.

Schedule A — Cost of Goods Sold — Enter method of inventory valuation

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and on Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach sch)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5 Total. Add lines 1 through 4b	5				

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Signature of officer	Date
CFO	Title
May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Sandra K. Hara			P00181532
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
Barsa, Hara & Company, LLP 12264 El Camino Real, Suite 400 San Diego, CA 92130-3063		(858) 244-5056	

BAA

Schedule C – Rent Income (From Real Property and Personal Property Leased with Real Property) (see instructions)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3 Deductions directly connected with the income in columns 2(a) and 2(b). (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property

2 Gross income from
or allocable to
debt-financed property3 Deductions directly connected with or allocable to
debt-financed property(a) Straight line
depreciation (attach sch)(b) Other deductions
(attach schedule)

(1)			
(2)			
(3)			
(4)			

4 Amount of average
acquisition debt on or
allocable to debt-financed
property (attach schedule)5 Average adjusted basis of
or allocable to debt-financed
property (attach schedule)6 Column 4
divided by
column 57 Gross income
reportable
(column 2 x column 6)8 Allocable deductions
(column 6 x total of
columns 3(a) and 3(b))

(1)		%		
(2)		%		
(3)		%		
(4)		%		

Enter here and on page 1,
Part I, line 7, column (A)Enter here and on page 1,
Part I, line 7, column (B)

Totals ▶

Total dividends-received deductions included in column 8 ▶

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)1 Name of Controlled
Organization2 Employer
Identification
Number

Exempt Controlled Organizations

3 Net unrelated
income (loss)
(see instructions)4 Total of specified
payments made5 Part of column 4
that is included
in the controlling
organization's
gross income6 Deductions directly
connected with income
in column 5

(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income

8 Net unrelated
income (loss)
(see instructions)9 Total of specified
payments made10 Part of column 9 that is
included in the controlling
organization's gross income11 Deductions directly
connected with income
in column 10

(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter
here and on page 1, Part I, line
8, column (A).Add columns 6 and 11. Enter
here and on page 1, part I, line
8, column (B).

Totals ▶

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (See instructions.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (See instructions.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)).						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5).	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (See instructions.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
Total – Enter here and on page 1, Part II, line 14.			

12/31/05

2005 Federal Book Depreciation Schedule

Page 1

Client SDFJCF

SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION

11-3692035

6/29/07

03:25PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dec. Bal. Dep.	Salvage / Basis Reductn	Depr. Basis	Prior Dep.	Method	Life	Rate	Current Depr.
1	CAMP HOPE EQUIPMENT	1/01/05		21,436							21,436		150DB			5,462
2	COMPUTERS	1/01/05		1,346							1,346		200DB HY	3	.33330	449
Total				22,782		0	0	0	0	0	22,782	0				5,911
Total Depreciation				22,782		0	0	0	0	0	22,782	0				5,911
Grand Total Depreciation				22,782		0	0	0	0	0	22,782	0				5,911

Form 990/990-PF

YEAR
2005

California Exempt Organization Annual Information Return

FORM
199

For calendar or fiscal year beginning month _____ day _____ year 2005, and ending month _____ day _____ year _____	
IMPORTANT: Your number is required.	
California corporation number 2536194	Federal employer identification number (FEIN) 11-3692035
Corporation/Organization name SAN DIEGO FAMILY JUSTICE CENTER FOUNDATION	
Address 707 BROADWAY #700	PMB no.
City SAN DIEGO, CA 92101	State ZIP Code

A Final return? Check applicable box. ☐ Yes ☒ No

• ☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized (attach explanation)

If a box is checked, enter date •

B Check forms filed this year: State: ☒ 109 ☐ 100 ☐ 100S ☐ 100W Fed: ☒ 990

Fed: ☐ 990EZ ☒ 990T ☐ 990PF ☐ 1041 ☐ 1120H ☐ 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.** • ☐

D Is this a group filing? See General Instruction N. ☐ Yes ☒ No

E Accounting method used. Cash

F Type of organization ☒ Exempt under Section 23701 d (insert letter) ☐ IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 •	1	120,403.
	2 Gross dues and assessments from members and affiliates. •	2	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions •	3	1,790,934.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C. •	4	1,911,337.
Expenses	5 Cost of goods sold •	5	
	6 Cost or other basis, and sales expenses of assets sold. •	6	
	7 Total costs. Add line 5 and line 6 •	7	
	8 Total gross income. Subtract line 7 from line 4 •	8	1,911,337.
	9 Total expenses and disbursements. From Side 2, Part II, line 18 •	9	1,915,211.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 •	10	-3,874.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F. •	11	10.
	12 Penalty for failure to file on time. See General Instruction L. •	12	
	13 Use tax. See instructions. •	13	
	14 Balance due. Add line 11, line 12, and line 13 •	14	10.

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. ☐ Yes ☒ No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. ☐ Yes ☒ No
- 17** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If 'Yes,' enter amount of gross receipts from nonmember sources. \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? ☐ Yes ☒ No
If 'Yes,' enter amount of total income reported. \$ _____
- 19** The financial records are in care of. MICHAEL SCOGIN Daytime telephone 619-533-3505
located at _____

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer _____	Date _____
Paid Preparer's Use Only	Title <u>CFO</u>	
	Daytime telephone <u>619-533-3505</u>	
	Paid preparer's signature Sandra K. Hara	Date _____
	Check if self-employed <input type="checkbox"/> Paid preparer's SSN or PTIN <u>P00181532</u>	
Firm's name (or yours, if self-employed) and address <u>Barsa, Hara & Company, LLP</u> <u>12264 El Camino Real, Suite 400</u> <u>San Diego, CA 92130-3063</u>		FEIN _____
		Daytime telephone <u>(858) 244-5056</u>

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	31,679.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule	7	88,724.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	120,403.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	380,605.
	12	Other salaries and wages	12	93,804.
	13	Interest	13	
	14	Taxes	14	36,500.
	15	Rents	15	6,927.
	16	Depreciation and depletion	16	5,911.
	17	Other. Attach schedule	17	1,391,464.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	1,915,211.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		1,606,880.		1,487,488.
2	Net accounts receivable		1,266,658.		471,002.
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans:)				
9	Other investments. Attach schedule				
10a	Depreciable assets			22,782.	
b	Less accumulated depreciation			5,911.	16,871.
11	Land				
12	Other assets. Attach schedule				
13	Total assets		2,873,538.		1,975,361.
Liabilities and net worth					
14	Accounts payable		104,654.		161,502.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		2,768,884.		1,813,859.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		2,873,538.		1,975,361.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	-3,874.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	-3,874.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	-3,874.			

2005

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. Form 199

Corporation name
SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATIONCalifornia corporation number
2536194**Part I Election to Expense Certain Property Under IRC Section 179**

1	Maximum deduction under Section 179 for California	1	\$25,000
2	Total cost of Section 179 property placed in service	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected Section 179 cost)	7	
8	Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Method of figuring deprecia- tion	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
	CAMP HOPE EQUIPME	1/01/05	21,436.			0	5,462.	
	COMPUTERS	1/01/05	1,346.		200DB	3	449.	
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	5,911.	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R & TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section	(f) Period or percentage	(g) Amortization for this year
20	Total. Add the amounts in column (g)						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44.						21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22

2005

California Statements
SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION

Page 1

Client SDFJCF

11-3692035

6/29/07

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Statement 1
Form 199, Part II, Line 7
Other Income

Income from Special Events.....	\$ 88,724.
Total	\$ <u>88,724.</u>

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
TOM BROWN P.O. BOX 231640 ENCINITAS, CA 92023	President None	\$ 0.	\$ 0.	\$ 0.
HAROLD DOKMO 700 BROADWAY, 7TH FLOOR SAN DIEGO, CA 92101	CEO None	0.	0.	0.
CASEY GWINN 1200 THIRD AVENUE, SUITE 1620 SAN DIEGO, CA 92101	Executive Direc None	0.	0.	0.
MICHAEL SCOGIN 2300 BOSWELL ROAD CHULA VISTA, CA 91914	CFO None	0.	0.	0.
SHARON SMITH 1200 THIRD AVENUE, SUITE 700 SAN DIEGO, CA 92101	Executive Direc None	106,855.	0.	0.
SANDRA BURR 6670 FEDERAL BOULEVARD LEMON GROVE, CA 91945	Trustee None	0.	0.	0.
GAIL STRACK 707 BROADWAY, SUITE 700 SAN DIEGO, CA 92101	Director None	0.	0.	0.
MARA LETTAU 470 W. LAUREL STREET SAN DIEGO, CA 92101	Treasurer None	0.	0.	0.
DENISE BOWMAN 5265 CANTERBURY DRIVE SAN DIEGO, CA 92116	Trustee None	32,589.	0.	0.
KURTINA CHODOROW 10916 SPICEWOOD COURT SAN DIEGO, CA 92130	Trustee None	0.	0.	0.

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SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION

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Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, and Trustees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
MARY ENGLAND 7915 NICHALS STREET LEMON GROVE, CA 91945	Trustee None	\$ 0.	\$ 0.	\$ 0.
MARTIN WALDINGER 7340 CAMINITO BASSANO WEST LA JOLLA, CA 92037	Trustee None	0.	0.	0.
MONICA B. ARMSTRONG 470 W. LAUREL STREET SAN DIEGO, CA 92101	Trustee None	0.	0.	0.
KAREN BERNEY P.O. BOX 1090 SOLANA BEACH, CA 92075	Trustee None	0.	0.	0.
Total		<u>\$ 139,444.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 3
Form 199, Part II, Line 17
Other Expenses

Accounting Fees.....	\$ 11,611.
BANK FEES.....	497.
CAMP HOPE OUTSIDE CONSULTING.....	43,333.
CHAPLANCY COSTS.....	11,848.
COMPUTERS & TECH.....	21,532.
Conferences, Conventions, and Meetings.....	135,348.
CONSULTING.....	204,781.
DONOR RELATIONS.....	3,252.
DUES AND SUBSCRIPTIONS.....	1,088.
EMPLOYEE RELATIONS.....	2,394.
EQUIPMENT.....	23,209.
EQUIPMENT RENTAL.....	406,388.
Equipment Rental and Maintenance.....	12,807.
INSURANCE.....	19,625.
LEARNING XCHANGE.....	9,176.
Legal Fees.....	13,750.
LICENSE FEES & PERMITS.....	520.
MEALS FOR MEETINGS.....	5,024.
MISCELLANEOUS.....	8,533.
OFFICE EXPENSE.....	6,746.
Other Employee Benefit.....	893.
PARKING.....	8,817.
PARTNER SUPPORT PROG. EXP.....	395.
Payments to Affiliates.....	117,106.
PAYROLL SERVICE.....	1,625.
Postage and Shipping.....	7,824.
Printing and Publications.....	12,778.
SANITARY EXPENSE.....	15,115.
Special Event Expenses.....	165,564.
Supplies.....	9,214.

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Statement 3 (continued)
Form 199, Part II, Line 17
Other Expenses

Telephone.....	\$	27,321.
TRAINING.....		22,815.
TRANSPORTATION EXPENSES.....		5,678.
Travel.....		7,653.
VIDEO COSTS.....		23,495.
WEBPAGE UPDATE.....		18,039.
WORKERS' COMPENSATION.....		5,670.
Total	\$	<u>1,391,464.</u>

YEAR
2005

California Exempt Organization Business Income Tax Return

FORM
109

For calendar year 2005 or fiscal year beginning month day year 2005, & ending month day year

California corporation or organization number

FEIN

2536194

11-3692035

Corporation/organization name

SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION

Address

707 BROADWAY #700

PMB no.

City

State

ZIP Code

SAN DIEGO, CA 92101

A Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No

B Is the organization currently under audit? ☐ Yes ☒ No

C Final return? ☐ Dissolved ☐ Surrendered (Withdrawn)
☐ Merged/Reorganized

If a box is checked, enter effective date .

D Nature of trade or business

E Accounting method used Cash

F Is this organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☐ Yes ☒ No

G Is this organization claiming any enterprise zone, Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits. ☐ Yes ☒ No

H Unrelated Business Activity (UBA) Code

ORGANIZATIONS	1	Unrelated business taxable income from Side 2, Part II, line 30	1	0.
	2	Multiply line 1 by the average apportionment percentage % from the Schedule R, Apportionment Formula Worksheet, line 6. See instructions	2	
	3	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	3	
	4	Net Operating Loss deduction from form FTB 3805Q. See General Information N.	4	
	5	Add line 3 and line 4	5	
	6	Net unrelated business taxable income. Subtract line 5 from the lesser of line 1 or line 2	6	0.
	7	Tax. 8.84% x line 6. See General Information J.	7	
	8	Tax credits from Schedule B, line 7, or Schedule P (100). See Schedule B instructions	8	
	9	Balance. Subtract line 8 from line 7. If line 8 is greater than line 7, enter -0-	9	0.
TAXABLE TRUSTS	10	Unrelated business taxable income from Side 2, Part II, line 30	10	
	11	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	11	
	12	Net Operating Loss deduction from form FTB 3805V. See General Information N.	12	
	13	Add line 11 and line 12	13	
	14	Net unrelated business taxable income. Subtract line 13 from line 10	14	
	15	Tax on amount on line 14. See General Information J.	15	
	16	Tax credits from Schedule B, line 7, or Schedule P (541). See Schedule B instructions	16	
	17	Balance. Subtract line 16 from line 15. If line 16 is greater than line 15, enter -0-	17	
Total Tax	18	Tax from line 9 or line 17	18	
	19	Alternative minimum tax. See General Information O.	19	
	20	Total tax. Add line 18 and line 19	20	
Payments	21	Overpayment from a prior year allowed as a credit	21	
	22	2005 estimated tax payments and taxes withheld	22	
	23	Amount paid with automatic extension (FTB 3539)	23	
	24	Total payments and credits. Add line 21 through line 23	24	
Refund (Direct Deposit of Refund) or Amount Due	25	Tax due. Subtract line 24 from line 20. Pay entire amount with return. See instructions	25	
	26	Overpayment. Subtract line 20 from line 24. See instructions	26	
	27	Enter amount of line 26 to be applied to 2006 estimate tax	27	
	28	Use tax. See instructions	28	
	29	Refund. If the sum of line 27 and line 28 is less than line 26, then subtract the total from line 26	29	
	a	Fill in the account information to have the refund directly deposited. Routing number	29a	
	b	Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	29c	
	30	Penalties and interest. See General Information M.	30	
	31	<input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	32	Total amount due. Add line 25, line 27, line 28, and line 30, then subtract line 26 from the result	32	

Person to contact for additional information:

Telephone

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date Title CFO 619-533-3505

Paid Preparer's Use Only

Paid Preparer's signature Sandra K. Hara Date Check if self-employed P00181532

Firm's name (or yours, if self-employed) and address Barsa, Hara & Company, LLP 12264 El Camino Real, Suite 400 San Diego, CA 92130-3063 Daytime telephone (858) 244-5056

Unrelated Business Taxable Income**Part I Unrelated Trade or Business Income**

1 a	Gross receipts or gross sales	b	Less returns and allowances	Balance	1 c
2	Cost of goods sold and/or operations from Schedule A, line 7				2
3	Gross profit. Subtract line 2 from line 1c				3
4 a	Capital gain net income. See Specific Line Instructions — Trusts attach Schedule D (541)				4 a
	b Net gain (loss) from Part II, Schedule D-1				4 b
	c Capital loss deduction for trusts				4 c
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule.				5
6	Rental income from Schedule C				6
7	Unrelated debt-financed income from Schedule D				7
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization from Schedule E				8
9	Annuities, interest, rents, and royalties of controlled organizations from Schedule F				9
10	Exploited exempt activity income from Schedule G				10
11	Advertising income from Schedule H, Part III, Column A				11
12	Other income. Attach schedule.				12
13	Total unrelated trade or business income. Add line 3 through line 12				13

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I		14
15	Salaries and wages		15
16	Repairs		16
17	Bad debts		17
18	Interest. Attach schedule		18
19	Taxes. Attach schedule		19
20	Contributions. See instructions and attach schedule		20
21 a	Depreciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F)	21 a	
	b Less: depreciation claimed on Schedule A	21 b	
22	Depletion. Attach schedule		22
23 a	Contributions to deferred compensation plans		23 a
	b Employee benefit programs. See instructions		23 b
24	Other deductions. Attach schedule		24
25	Total deductions. Add line 14 through line 24		25
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		26
27	Excess advertising costs from Schedule H, Part III, Column B		27
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26		28
29	Specific deduction. See instructions		29
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		30

Schedule A Cost of Goods Sold and/or Operations Method of inventory valuation (specify)

1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4 a	Additional IRC Section 263A costs. Attach schedule	4 a
	b Other costs. Attach schedule	4 b
5	Total. Add line 1 through line 4b	5
6	Inventory at end of year	6
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Part I, line 2	7

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes ☐ No ☒**Schedule B Tax Credits** Do not complete if you must file Schedule P (100 or 541).

1	Enter credit name	code no.	1
2	Enter credit name	code no.	2
3	Enter credit name	code no.	3
4	Enter credit name	code no.	4
5	Enter credit name	code no.	5
6	Enter credit name	code no.	6
7	Total. Add line 1 through line 6. Enter here and on Side 1, line 8, for corporations and associations, or line 16 for trusts		7

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

Note: For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property		2 Rent received or accrued	3 Percentage of rent attributable to personal property	
			%	
			%	
			%	
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income			5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (att sch)	(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and 5(c). Enter here and on Side 2, Part I, line 6.

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8

Total. Enter here and on Side 2, Part I, line 7.

Schedule E Investment Income of an R&TC Section 23701g, 23701i, or 23701n Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5

Total. Enter here and on Side 2, Part I, line 8.

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Income (Annuities, Interest, Rents, and Royalties) From Controlled Organizations

1 Name and address of controlled organizations		2 Gross income from controlled organizations	3 Deductions directly connected with column 2 income (attach schedule)	4 Exempt controlled organizations		
				(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under Section 23701, or the amount in column (a), whichever is greater	(c) Percentage, column (a) ÷ column (b)
5 Nonexempt controlled organizations			6 Gross income reportable, column 2 x column 4(c) or column 5(c)	7 Allowable deductions, column 3 x column 4(c) or column 5(c)	8 Net income includible, column 6 less column 7	
(a) Excess taxable income	(b) Taxable income or amount in column (a), whichever is greater	(c) Percentage, column (a) ÷ (b)				
		%				
		%				
		%				

Total. Enter here and on Side 2, Part I, line 9.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero

Total. Enter here and on Side 2, Part I, line 10.

Part I Income from Periodicals Reported on a Consolidated Basis

Part II Income from Periodicals Reported on a Separate Basis

Part III Column B – Excess Advertising Costs

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 Social Security Number	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		

Enter total here and on Side 2, Part II, line 27.

1	Group and guideline class or description of property	2	Date acquired	3	Cost or other basis	4	Depreciation allowed or allowable in prior years	5	Method of computing depreciation	6	Life or rate	7	Depreciation for this year
---	--	---	---------------	---	---------------------	---	--	---	----------------------------------	---	--------------	---	----------------------------

1	Total additional first-year depreciation (do not include in items below)					
2	Other depreciation:					
	Buildings					
	Furniture and fixtures					
	Transportation equipment					
	Machinery and other equipment					
	Other (specify)					
3	Other depreciation					
4	Total					
5	Amount of depreciation claimed elsewhere on return					
6	Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a					

Schedule K Add-On taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	•	1	
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	•	2a	
	b Method for non-dealer installment obligations	•	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	•	3	
4	Credit recapture. Credit name	•	4	
5	Total. Combine the amounts on line 1 through line 4. See instructions.	•	5	

Schedule R Apportionment Formula Worksheet

Use only for unrelated trade or business amounts

	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 Property factor: See instructions			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Multiply the factor on line 3, column (c) by 2			
5 Total percentage: Add the percentages in column (c) line 1, line 2, and line 4			
6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.			

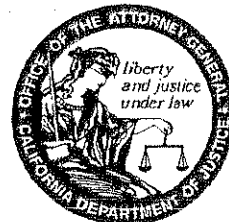
IN
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>2536194</u> SAN DIEGO FAMILY JUSTICE CENTER FOUNDATION <small>Name of Organization</small> <u>707 BROADWAY #700</u> <small>Address (Number and Street)</small> <u>SAN DIEGO, CA 92101</u> <small>City or Town</small> <small>State</small> <small>ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2536194</u> Federal Employer ID No. <u>11-3692035</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/05 ending 12/31/05) list:
 Gross annual revenue \$ 250,000. Total assets \$ 1,975,361.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 619-533-3505

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer	<u>Michale Scogin</u> <small>Printed Name</small>	<u>CFO</u> <small>Title</small>	 <small>Date</small>
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Exhibit 29

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public
Inspection

A For the 2004 calendar year, or tax year beginning

, 2004, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.

SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION
707 BROADWAY #700
SAN DIEGO, CA 92101

D Employer identification number

11-3692035

E Telephone number

619-533-3505

F Accounting method:

☒ Cash ☐ Accrual

Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ... ☐ Yes ☒ No

H (b) If "Yes," enter number of affiliates _____

H (c) Are all affiliates included? ... ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number _____

M Check ☐ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: WWW.FAMILYJUSTICECENTER.ORG

J Organization type

(check only one) ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS; but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 2,943,940.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	483,798.			
b Indirect public support	1b	18,209.			
c Government contributions (grants)	1c	2,046,434.			
d Total (add lines 1a through 1c) (cash \$ 2,530,232. noncash \$ 18,209.)	1d	2,548,441.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4	15,574.			
5 Dividends and interest from securities	5				
6a Gross rents	6a				
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
b Less: cost or other basis and sales expenses	8a				
c Gain or (loss) (attach schedule)	8b				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c				
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d				
a Gross revenue (not including \$ 159,740. of contributions reported on line 1a)	9a	379,925.			
b Less: direct expenses other than fundraising expenses	9b	301,815.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	78,110.			
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,642,125.			
13 Program services (from line 44, column (B))	13	1,088,215.			
14 Management and general (from line 44, column (C))	14	332,222.			
15 Fundraising (from line 44, column (D))	15	9,815.			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17	1,430,252.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,211,873.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,557,011.			
20 Other changes in net assets or fund balances (attach explanation)	20				
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,768,884.			

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0107L 01/07/05

Form 990 (2004)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) SEE STM 2 (cash \$ 997,053. non-cash \$)	22 997,053.	997,053.		
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25 96,754.	77,353.	19,401.	
26 Other salaries and wages	26 63,595.		63,595.	
27 Pension plan contributions	27			
28 Other employee benefits	28 1,216.		1,216.	
29 Payroll taxes	29 13,913.	2,348.	11,565.	
30 Professional fundraising fees	30 70,813.		70,813.	
31 Accounting fees	31 1,510.		1,510.	
32 Legal fees	32 326.		326.	
33 Supplies	33 21,483.		11,668.	9,815.
34 Telephone	34 3,448.	690.	2,758.	
35 Postage and shipping	35 1,795.		1,795.	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 1,316.	1,000.	316.	
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41 122.		122.	
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize): a SEE STATEMENT 3	43a 156,908.	9,771.	147,137.	
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44 1,430,252.	1,088,215.	332,222.	9,815.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts; but
optional for others.)

a SEE STATEMENT 5		
b (Grants and allocations \$ 2,115,709.)		1,088,215.
c (Grants and allocations \$)		
d (Grants and allocations \$)		
e Other program services (Grants and allocations \$)		
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,088,215.

Part IV Balance Sheets (See instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing.....	136.	45	
	46 Savings and temporary cash investments.....	1,553,175.	46	1,606,880.
	47 a Accounts receivable.....	47 a		
	b Less: allowance for doubtful accounts.....	47 b	47 c	
	48 a Pledges receivable.....	48 a 30,000.		
	b Less: allowance for doubtful accounts.....	48 b	48 c	30,000.
	49 Grants receivable.....		49	1,236,658.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....		50	
	51 a Other notes & loans receivable (attach sch).....	51 a		
	b Less: allowance for doubtful accounts.....	51 b	51 c	
	52 Inventories for sale or use.....		52	
	53 Prepaid expenses and deferred charges.....		53	
	54 Investments — securities (attach schedule).....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments — land, buildings, & equipment: basis.....	55 a		
	b Less: accumulated depreciation (attach schedule).....	55 b	55 c	
56 Investments — other (attach schedule).....		56		
57 a Land, buildings, and equipment: basis.....	57 a			
b Less: accumulated depreciation (attach schedule).....	57 b	57 c		
58 Other assets (describe ▶.....)	3,700.	58		
59 Total assets (add lines 45 through 58) (must equal line 74).....	1,557,011.	59	2,873,538.	
LIABILITIES	60 Accounts payable and accrued expenses.....		60	104,654.
	61 Grants payable.....		61	
	62 Deferred revenue.....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64 a Tax-exempt bond liabilities (attach schedule).....		64 a	
	b Mortgages and other notes payable (attach schedule).....		64 b	
	65 Other liabilities (describe ▶.....)		65	
66 Total liabilities (add lines 60 through 65).....	0.	66	104,654.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted.....	36,066.	67	15,660.
	68 Temporarily restricted.....	1,520,945.	68	2,753,224.
	69 Permanently restricted.....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds.....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund.....		71	
	72 Retained earnings, endowment, accumulated income, or other funds.....		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).....	1,557,011.	73	2,768,884.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73).....	1,557,011.	74	2,873,538.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

COPY

Part IV-A Reconciliation of Revenue per Audited
Financial Statements with Revenue
per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	2,642,125
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	2,642,125
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,642,125

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
-----------	--

a	Total expenses and losses per audited financial statements	a	1,430,252.
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities		
	(2) Prior year adjustments reported on line 20, Form 990 ...		
	(3) Losses reported on line 20, Form 990 ...		
	(4) Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,430,252.
d	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990.		
	(2) Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) ...	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,430,252.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)	
--------	---	--

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule — see instructions.

Yes

☒ No

Part VI Other Information (See instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		N/A
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If 'Yes,' enter the name of the organization: <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		X
81a Enter direct and indirect political expenditures. See line 81 instructions. <u>81a</u> 0.		
b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <u>82b</u>		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 501(c)(4), (5), or (6) organizations: a Were substantially all dues nondeductible by members?		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
c Dues, assessments, and similar amounts from members <u>85c</u> N/A		
d Section 162(e) lobbying and political expenditures <u>85d</u> N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <u>85e</u> N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) <u>85f</u> N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <u>86a</u> N/A		
b Gross receipts, included on line 12, for public use of club facilities <u>86b</u> N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders <u>87a</u> N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <u>87b</u> N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
90a List the states with which a copy of this return is filed: <u>CALIFORNIA</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <u>90b</u> 0		
91 The books are in care of: <u>MICHAEL SCOGIN</u> Telephone number: _____ Located at: _____ ZIP + 4: _____		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the tax year. <u>92</u> N/A		

AA

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies...					
94 Membership dues and assessments...					
95 Interest on savings & temporary cash invmnts...			14	15,574.	
96 Dividends & interest from securities...					
97 Net rental income or (loss) from real estate:					
a debt-financed property.....					
b not debt-financed property.....					
98 Net rental income or (loss) from pers prop....					
99 Other investment income.....					
100 Gain or (loss) from sales of assets other than inventory.....					
101 Net income or (loss) from special events.....					78,110.
102 Gross profit or (loss) from sales of inventory....					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).....				15,574.	78,110.
105 Total (add line 104, columns (B), (D), and (E)).....					93,684.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101	GOLF TOURNAMENT AND GALA HELD TO RAISE AWARENESS OF THE FOUNDATIONS' PROGRAMS AND TO SOLICIT CONTRIBUTIONS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please
Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

MICHAEL SCOGIN, CFO

Type or print name and title.

Paid
Pre-
parer's
Use
OnlyPreparer's
signature

Date

Check if
self-
employed ☒Preparer's SSN or PTIN (See
General Instruction W)Firm's name (or
yours if self-
employed),
address, and
ZIP + 4

SANDRA HARA

7955 RUFUS COURT

SAN DIEGO, CA 92129

EIN N/A

Phone no. (619) 572-0669

BAA

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies...					
94 Membership dues and assessments...					
95 Interest on savings & temporary cash investments...			14	15,574.	
96 Dividends & interest from securities...					
97 Net rental income or (loss) from real estate:					
a debt-financed property.....					
b not debt-financed property.....					
98 Net rental income or (loss) from pers prop....					
99 Other investment income.....					
100 Gain or (loss) from sales of assets other than inventory.....					
101 Net income or (loss) from special events.....					78,110.
102 Gross profit or (loss) from sales of inventory....					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).....				15,574.	78,110.
105 Total (add line 104, columns (B), (D), and (E)).....					93,684.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101	GOLF TOURNAMENT AND GALA HELD TO RAISE AWARENESS OF THE FOUNDATIONS' PROGRAMS AND TO SOLICIT CONTRIBUTIONS.

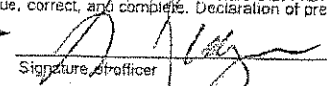

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer  MICHAEL SCOCIN, CFO Type or print name and title.	Date 8-25-05
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 SANDRA HARA 7955 RUFUS COURT SAN DIEGO, CA 92129	Date 8-25-05
	Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/> N/A Preparer's SSN or PTIN (See General Instruction W) EIN <input type="checkbox"/> N/A Phone no. <input type="checkbox"/> (619) 572-0669	

1AA

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information — (See separate instructions.)

2004

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

**SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION**

Employer identification number

11-3692035

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
		0.	0.	0.

Total number of other employees paid over \$50,000

0

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		0.

Total number of others receiving over \$50,000 for professional services

0

▶ **AAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,500,000.				1,500,000.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,500,000.				1,500,000.
24 Line 23 minus line 17	1,500,000.				1,500,000.
25 Enter 1% of line 23	15,000.				
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	N/A				
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26a				
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26b				
d Add: Amounts from column (e) for lines: 18 _____ 19 _____	26c				
22 _____ 26b _____	26d				
e Public support (line 26c minus line 26d total)	26e				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f %				
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.					
c Add: Amounts from column (e) for lines: 15 _____ 1,500,000. 16 _____	27c 1,500,000.				
17 _____ 20 _____ 21 _____	27d 0.				
d Add: Line 27a total _____ 0. and line 27b total _____ 0.	27e 1,500,000.				
e Public support (line 27c total minus line 27d total)	27f 1,500,000.				
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27g 100.00 %				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h 0. %				
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

(a)
Affiliated group
totals(b)
To be completed
for ALL electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table -			
	If the amount on line 40 is -		The lobbying nontaxable amount is -	
	Not over \$500,000		20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000		\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.				

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Yes No Amount

a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

BAA

Schedule A (Form 990 or 990-EZ) 2004

TEEA0406L 11/29/04

Name of organization

Employer identification number

SAN DIEGO FAMILY JUSTICE CENTER

11-3692035

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	EDCO DISPOSAL CORP. 6670 FEDERAL BOULEVARD LEMON GROVE, CA 91945	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	GREYSTONE HOMES 1596 TURQUOISE DRIVE CARLSBAD, CA 92009	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	DIRECT MAIL TELEVISION, LLC 610 W. ASH STREET, STE 15005 SAN DIEGO, CA 92101	\$ 10,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	METABOLIFE FOUNDATION 5643 COPLEY DRIVE SAN DIEGO, CA 92111	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	O'BRIAN-SMITH INVESTMENTS, INC 402 W. BROADWAY, #2900 SAN DIEGO, CA 92101	\$ 9,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	UNION BANK OF CALIFORNIA 530 B STREET, 4TH FLOOR SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SAN DIEGO FAMILY JUSTICE CENTER

11-3692035

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	WESTERN HOUSING PACIFIC 5790 FLEET ST. #210 CARLSBAD, CA 92009	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	LISA WILCOX, CASSIDY P.O. BOX 3535 RANCHO SANTA FE, CA 92067	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Application for Extension of Time to File an
Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. ☒ **X**
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	SAN DIEGO FAMILY JUSTICE CENTER FOUNDATION	11-3692035
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	707 BROADWAY #700	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	SAN DIEGO, CA 92101	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of MICHAEL SCOGIN

Telephone No. _____ FAX No. _____

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 11/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 2004 or

▶ ☐ tax year beginning _____, 20____, and ending _____, 20____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 12-2004)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.

Type or print	Name of Exempt Organization	Employer identification number	
	SAN DIEGO FAMILY JUSTICE CENTER FOUNDATION		11-3692035
	Number, street, and room or suite number. If a P.O. box, see instructions.		For IRS use only
File by the extended due date for filing the return. See instructions.	707 BROADWAY #700		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	SAN DIEGO, CA 92101		

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in care of **MICHAEL SCOGIN**

Telephone No. _____ FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2005.

5 For calendar year 2004, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension ... TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. _____ \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. _____ \$

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. _____ \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____

Title **CFO**

Date _____

Notice to Applicant — To be Completed by the IRS

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot** consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other: _____

Director _____ By: _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	SANDRA HARA
	Number and street (include suite, room, or apartment number) or a P.O. box number
	7955 RUFUS COURT
	City or town, province or state, and country (including postal or ZIP code)
	SAN DIEGO, CA 92129

AA

2004

FEDERAL STATEMENTS

PAGE 1

CLIENT SDFJCF

SAN DIEGO FAMILY JUSTICE CENTER
FOUNDATION

11-3692035

8/26/05

08:36AM

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
GALA	282,493.	56,510.	225,983.	138,188.	87,795.
GOLF TOURNAMENT	106,206.	63,455.	42,751.	53,539.	-10,788.
HOG WILD FOR KIDS RIDE	82,227.	8,275.	73,952.	66,546.	7,406.
DR. LAURA LUNCHEON	68,739.	31,500.	37,239.	43,542.	-6,303.
TOTAL	\$ 539,665.	\$ 159,740.	\$ 379,925.	\$ 301,815.	\$ 78,110.

STATEMENT 2
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:

\$ 997,053.

TOTAL GRANTS AND ALLOCATIONS \$ 997,053.

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
COMPUTER MTE	4,444.	889.	3,555.	
CONSULTING	119,627.		119,627.	
DONOR RELATIONS	3,144.		3,144.	
DUES AND SUBSCRIPTIONS	654.	654.		
INSURANCE	16,708.	2,095.	14,613.	
LICENSE FEES & PERMITS	195.	195.		
MEALS FOR MEETINGS	1,938.	1,275.	663.	
PARKING	4,244.		4,244.	
PAYROLL SERVICE	920.	376.	544.	
WORKERS' COMPENSATION	5,034.	4,287.	747.	
TOTAL	\$ 156,908.	\$ 9,771.	\$ 147,137.	\$ 0.

STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PRIMARY PURPOSE IS TO OPERATE A COMPREHENSIVE FACILITY FOR, AND PROVIDE SERVICES TO, VICTIMS OF FAMILY VIOLENCE AND THEIR CHILDREN.

CLIENT SDFJCF

11-3692035

8/26/05

08:36AM

STATEMENT 5
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
RAISE MONEY AND PROVIDE SUPPORT FOR CAMP HOME, A JOINT PROJECT OF SD WATER DEPT AND CAMP HOPE, INC. TO PROVIDE A CAMPING FACILITY FOR VICTIMS OF DOMESTIC VIOLENCE.	508,759.	746,073.
OFFICE ON VIOLENCE AGAINST WOMEN TECHNICAL ASSISTANCE PROGRAM PROVIDES EXPERTISE AND SUPPORT NEEDED TO DEVELOP AND IMPLEMENT 15 SUCCESSFUL STATE, LOCAL, TRIBAL AND CAMPUS PROJECTS, TO INCREASE VICTIM SAFETY, AND BOLSTER OFFENDER ACCOUNTABILITY.	1,606,950.	342,142.
	<u>\$ 2,115,709.</u>	<u>\$ 1,088,215.</u>

STATEMENT 6
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TOM BROWN P.O. BOX 231640 ENCINITAS, CA 92023	PRESIDENT 5	\$ 0.	\$ 0.	0.
HAROLD DOKMO 700 BROADWAY, 7TH FLOOR SAN DIEGO, CA 92101	CEO 10	0.	0.	0.
CASEY GWINN 1200 THIRD AVENUE, SUITE 1620 SAN DIEGO, CA 92101	EXECUTIVE DIREC 5	0.	0.	0.
MICHAEL SCOGIN 2300 BOSWELL ROAD CHULA VISTA, CA 91914	CFO 10	0.	0.	0.
SHARON SMITH 1200 THIRD AVENUE, SUITE 700 SAN DIEGO, CA 92101	EXECUTIVE DIREC 40	18,000.	0.	0.
SANDRA BURR 6670 FEDERAL BOULEVARD LEMON GROVE, CA 91945	TRUSTEE 3	0.	0.	0.
GAEL STRACK 707 BROADWAY, SUITE 700 SAN DIEGO, CA 92101	DIRECTOR 3	0.	0.	0.

CLIENT SDFJCF

11-3692035

8/26/05

08:36AM

STATEMENT 6 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARA LETTAU 470 W. LAUREL STREET SAN DIEGO, CA 92101	TREASURER 3	\$ 0.	\$ 0.	\$ 0.
DENISE BOWMAN 5265 CANTERBURY DRIVE SAN DIEGO, CA 92116	TRUSTEE 3	0.	0.	0.
KURTINA CHODOROW 10916 SPICEWOOD COURT SAN DIEGO, CA 92130	TRUSTEE 3	0.	0.	0.
MARY ENGLAND 7915 NICHALS STREET LEMON GROVE, CA 91945	TRUSTEE 3	0.	0.	0.
MARTIN WALDINGER 7340 CAMINITO BASSANO WEST LA JOLLA, CA 92037	TRUSTEE 3	0.	0.	0.
MONICA B. ARMSTRONG 470 W. LAUREL STREET SAN DIEGO, CA 92101	TRUSTEE 3	0.	0.	0.
KAREN BERNEY P.O. BOX 1090 SOLANA BEACH, CA 92075	TRUSTEE 3	0.	0.	0.

TOTAL \$ 18,000. \$ 0. \$ 0.

Exhibit 30

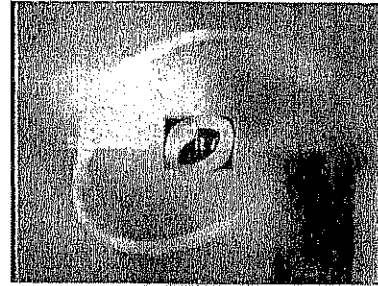


San Diego Family Justice Center Office of the Mayor

-- Where Families Come First
and Professionals Come Together

February 2006

Oprah Video



© 2004 San Diego Family Justice
Center Foundation

Family Justice Center

- Public safety initiative launched by the City of San Diego in 2002
- One stop help center for victims of domestic violence and their children
- Where domestic violence professionals are housed under one roof to reduce the amount times and places victims have to go to tell their story and get the help they need

© 2004 San Diego Family Justice
Center Foundation

It's been a long Journey

- Jan 1989 Idea was proposed
- Jan 1997 SDPD and City Attorney's Office joined forces
- Jan 2000 One Stop Shop – DV Council's Top Priority
- Feb 2001 SDPD completes Feasibility Study & Site Visits
- Oct 2001 PS&NS Approval to proceed
- Mar 2002 \$500,000 Cal Endowment Grant
- April 2002 Council Approval

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Center Foundation

Grand Opening – October 2002



FJC Timeline

- Oct 2002 Grand Opening
- Jan 2003 Featured on Oprah
- Oct 2003 President Bush launched FJC Initiative based on SD
- April 2004 City Council Approves FJC Expansion
- July 2004 15 Sites Selected
- Aug 2004 Kick-Off Conference
- Oct 2004 Second Floor Expansion Children's Hospital and SD Deaf Mental Health Services

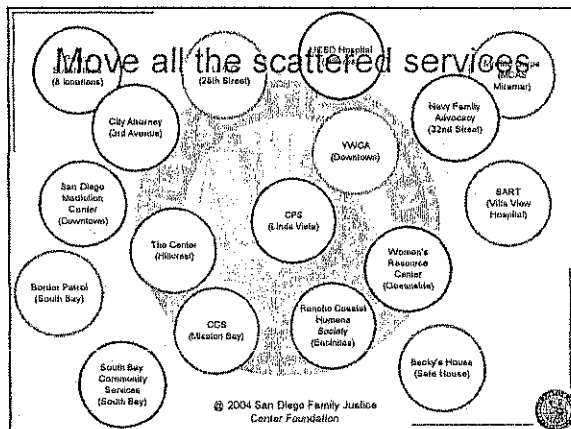
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Center Foundation

Family Justice Center Department December 2004

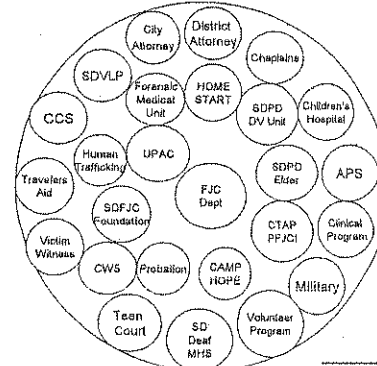


Why launch a Family Justice Center?

C



San Diego Family Justice Center



Vision Statement

- A future where ALL the needs of victims are met
- where batterers are held accountable,
- where children are protected
- where violence fades,
- where economic justice increases,
- where families heal and thrive,
- where hope is realized, and
- where we ALL work together...

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What is the plan?

- Phase I: Focus on domestic violence cases
- Phase II: Expand to include Child Abuse, Elder Abuse and Sexual Assault and possibly juvenile cases

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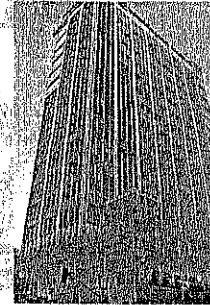
What are our goals?

- To make victims SAFER
 - S = Services which are consolidated and coordinated
 - A = Accountability
 - F = Friendly, family-centered facility
 - E = Early intervention/prevention programs
 - R = Relationship building and coordination in the community

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Where are you?

- 707 Broadway
 - Sufficient Space - 39,213 sf
 - Sufficient Parking
 - Close to Court
 - Close to public transportation
 - Cost savings

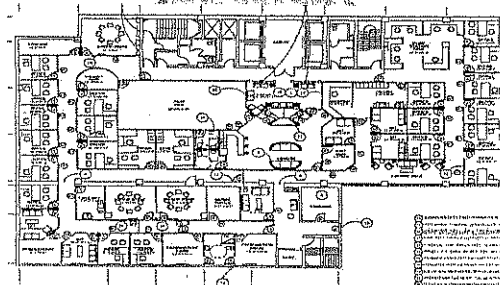


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Who's on site?
What are their duties and responsibilities?
What services are provided?

2nd Floor – Community Floor



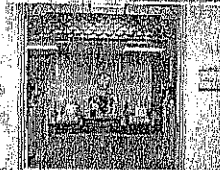
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Let's Take A Tour

PORCH

- Client enters the Porch at the Family Justice Center and checks in with the Receptionist.



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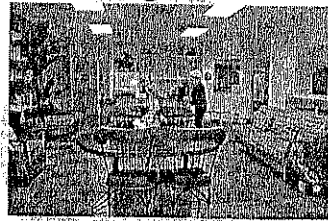
"The Front Porch"

- Appointments
- Walk-ins
- Info line calls
- Discovery
- Site visitors
- Confidentiality agreement is signed by all visitors



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Dining Room



© 2004 San Diego Family Justice Center Foundation

Kids Waiting Room



© 2004 San Diego Family Justice Center Foundation

Living Room

- Intake Advocate greets Client, conducts an intake and determines needed services.



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Wait – let's take a closer look

- Before:



- After:



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New Intake Process

- Intake process is now automated to include:
 - Time in & Out
 - Alerts
 - Stats
 - Client printout of services
 - Track and Follow-up on unmet needs
 - Client signs consent form



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Client Assessment

- Kimberly Pearce, Director of Client Services
 - Conducts Client Assessment
 - Oversees the City Attorney's Victim Information Program
 - Works with on-site Community Partners
 - Serves as liaison to the Shelter & Support Services Committee



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Center for Community Solutions – Restraining Order Clinic

- Verna Griffith-Tabor
- Steve Allen
- Kristine Rowe
- Socorro Heather Gonzalez



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Chaplain's Program

- Provides Crisis Intervention and Counseling
- Non-denominational support, coordination and resources
- Modeled after chaplain programs in military, police, fire and Red Cross



George Barnes

Mickey Stonier
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Children's Hospital

- Full time staff
 - 1 project manager
 - 6 therapists
 - 2 case managers
 - 2 drivers
- Targeted case management for victims with children
- Kids in Court Program
- Parenting Project



Jackie Dietz
Project Manager



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Domestic Violence Council

- Established in 1989
- Group of domestic violence professionals addressing the issue of domestic violence on a county-wide level
- Regularly holds board and committee meetings at the FJC
- sandiegodvcouncil.org



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Forensic Medical Unit Sponsored by Sharp Hospital

- On-site Team
 - Medical Director
 - Forensic Nurse
 - Office Administrator
 - Volunteers



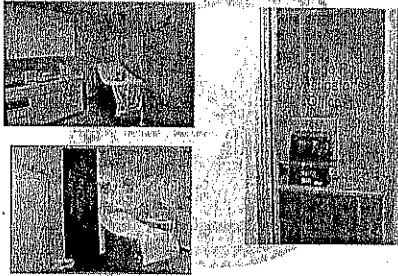
Dr. George McClane



Tom Collins D'anna Messick

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FMU Facilities



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FMU Facilities

- Spacious Bathroom Facilities
- New fixtures
- Discrete



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Home Start

- On-site crisis counseling and group counseling
- Home-based therapy and case management



Diane Lass

© 2004 San Diego Family Justice
Center Foundation

San Diego Deaf Mental Health Services

- On-site counselor
 - Works with all disabled clients
 - Group Counseling
 - Individual Counseling
- Off-site therapist
 - Provides group counseling for batterers



Dr. Cindi Cassidy

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SDVLP – Court Representation

- OVW Funded
- Rosemary Willingham
 - Immigration Attorney
- Evelyn Torres
 - Administrative Assistant
- Amy Fitzpatrick
 - Director of SDVLP
- Patricia Klingenburg
 - Immigration Attorney
- Jan Maiden
 - Court representation



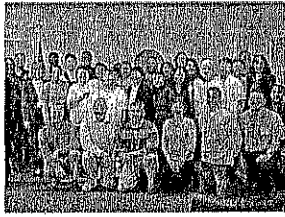
Jan Maiden

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Traveler's Aid

- Assists with emergency transportation to shelter
- Provides vouchers for bus & trolley to court and services

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Family Justice Center's Volunteer Program

Lyndsay Wolfe



- Volunteer Program Administrator
 - Day-to-Day oversight of the volunteers
 - Recruitment
 - Training
 - Statistics
 - Newsletter
 - Assist with Special Projects

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Developing a Program

- Need a Planning Team
- Model (steal w/credit) from existing programs
- Identify a key person to supervise the program
- Identify the need for volunteers
- Develop volunteer positions
- Create Manual to provide structure



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Setting High Standards & Expectations

- 16 hours a month, 1 year commitment
- Agree to follow FJC Operations Manual
- Good interpersonal skills
- Good communication skills
- Dependable
- Work with little or no supervision
- Good judgment

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Recruitment & Screening

- | | |
|---|---|
| <ul style="list-style-type: none"> • Recruitment <ul style="list-style-type: none"> – Request help from existing volunteer organizations – Recruit from within, universities, community presentations and community fairs – Advertise in the media | <ul style="list-style-type: none"> • Screening <ul style="list-style-type: none"> – Informal interview with Project Manager and/or Panel – Conducting background check – Interaction during orientation and/or volunteer academy |
|---|---|

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Curriculum

- 40-hour volunteer academy
 - Day Program & Evening Program
 - Basics of DV
 - Working with clients
 - Law
 - Victim Rights
 - Practice

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Volunteers at Work on the Community Floor

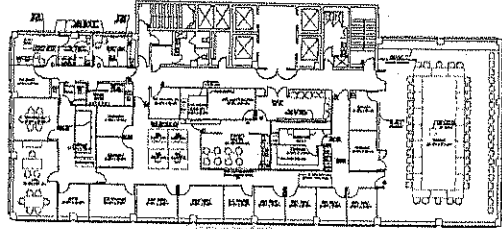
- Intake
- Info line
- Hospitality
- Special Events



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7th Floor

- Administration & Prevention Floor



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ACA Gael B. Strack



- Oversees:
 - Family Justice Center for the City Attorney in partnership with SDPD
 - Special Projects
 - Grants
 - New Initiatives
 - Legislation
 - Training
 - Chair, FJC Site Committee

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Bonnie Pearson Executive Secretary



- Duties:
 - Administrative Assistant to the FJC Director
 - Special Events
 - Site Visits
 - Cell Phone Program
 - Requests for information and materials

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Anabel Holmstrom, Department/Grants Analyst



- Grants
- Budget
- Office/Lease Management
- Contracts

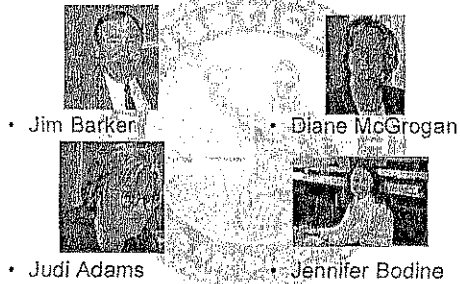
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San Diego Family Justice Center Foundation



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President's Family Justice Center Initiative



• Jim Barker

• Diane McGrogan

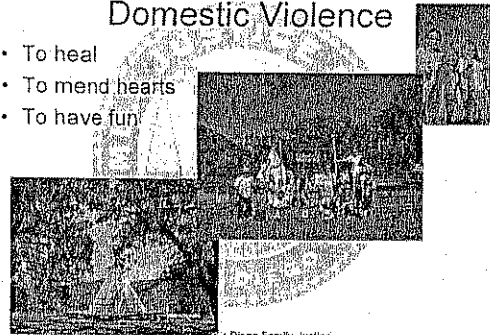
• Judi Adams

• Jennifer Bodine

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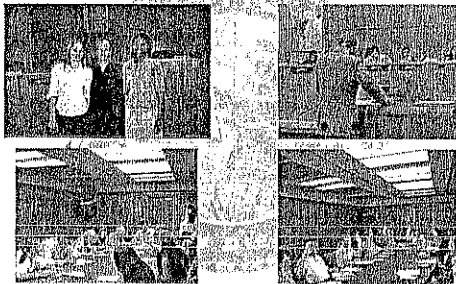
Camp Hope for Families of Domestic Violence

- To heal
- To mend hearts
- To have fun



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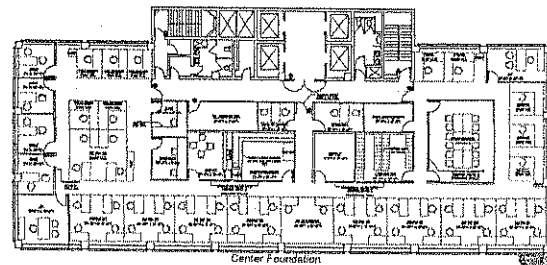
Teen Court Nicole Brown, Director



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6th Floor

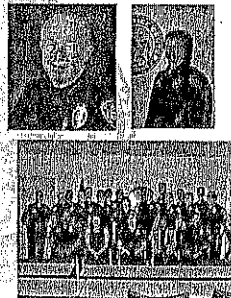
- Law Enforcement - Government Floor



Center Foundation

Police Department – DV Unit

- Chief William Lansdowne
- Lt. Monica Kaiser:
 - Family Justice Center for SDPD and in partnership with City Attorney's Office
 - Domestic Violence Unit
 - 4 Sgts.
 - 30 Detectives
 - Hostage Negotiations



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Elder Abuse Investigations



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Sgt. Robert Keetch



- Project Manager for FJC
- On Special Assignment from SDPD
 - Day-to-day operations
 - Liaison to Community Partners
 - Volunteer Program
 - Security

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Probation Department

- Provides a direct link from FJC to DV Court
- Assists with Repeat Offender Program
- Staff on site:
 - Nancy Moyer



Nancy Moyer

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Military Victim Services Coordinators

- Two on-site coordinator to assist military families and provide links to FAP and Civilian services



Karen Norkowski

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District Attorney's Office

- Family Protection Division
- Prosecutors:
 - Offices at the FJC
 - Review felony cases
- Victim Witness Advocates:
 - Full time
 - Assist with Victims of Crime Applications
 - Status of Case
 - Explain court system



Genaro Ramirez



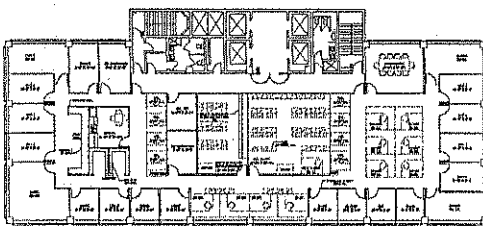
Jiff Schall



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5th Floor

- Prosecution Floor



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City Attorney Michael Aguirre Child Abuse & Special Victims Unit

- 10 Attorneys
- 3 Investigators
- 3 Advocates
- 2 Legal Secretaries
- 5 Support Staff

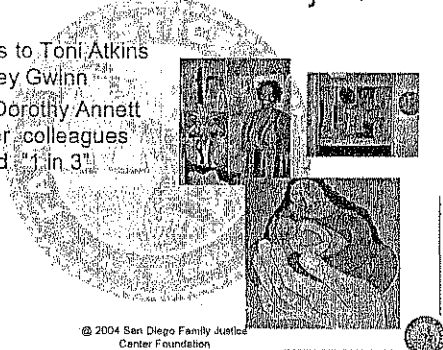


- Prosecutes all misdemeanors crimes involving family violence
- Within City of San Diego and Poway

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"One in Three" Art Project

- Thanks to Toni Atkins & Casey Gwinn
- Artist Dorothy Annett and her colleagues created "1 in 3"

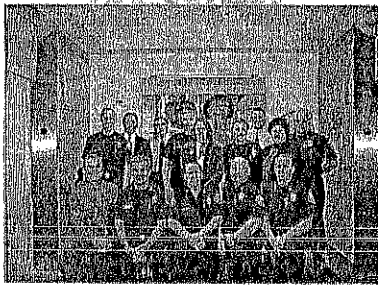


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Off-Site Partners

Crucial Partner: Fire Department



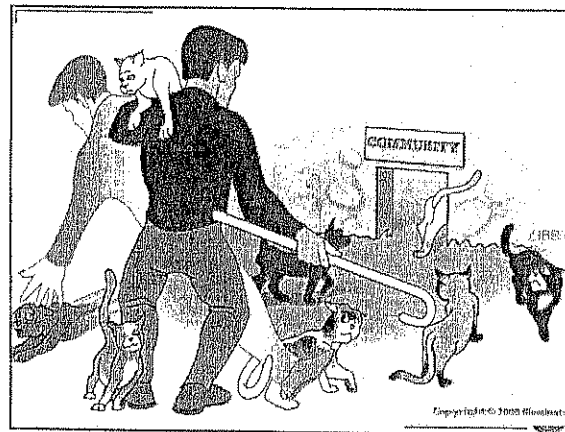
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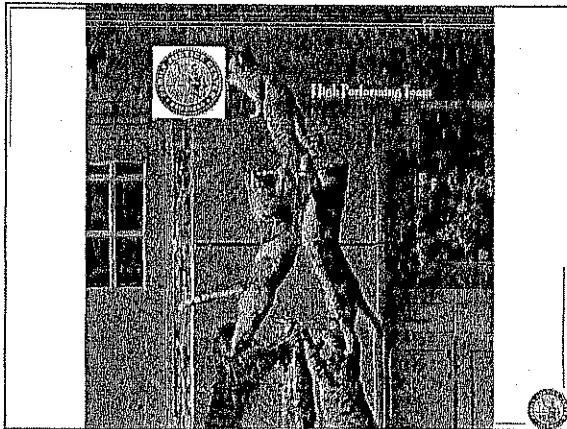
20 Off-Site Partners

Adams & Adams Inc.	Crime Victim Fund	Rancho Coastal	ACCESS
R. Martin, Gavin deBecker	IMO	PERT	Homestart
SART	Fire Dept.	OVP	YWCA
Indian Health Council	The Center	WIC	Casa Cornelia
PPH - FVP	Law Schools	UCSD - Medical School	UCSD - Pregnancy Outreach



Our 5 year Strategic Plan





Special thanks to Judi Adams
- the best facilitator in the world!



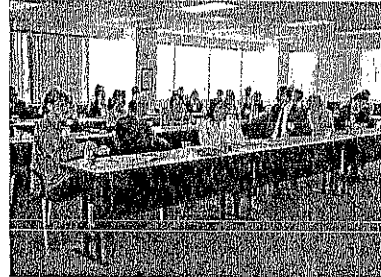
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Clinical Committee

- To recruit experienced clinicians to assist with clinical screenings and intakes
- To develop a robust internship program
- To review and develop policies and procedures related to clinical services
- To serve as a case review committee on high risk cases

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Medical Advisory Committee



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How are we going to measure
our success?

Evaluation

- Developed a evaluation tool
- Provided a Profile of FJC Clients
 - 91% female, 9% male
 - 53% referrals from police or prosecution
 - Legal services is main reason for visiting FJC
 - Most clients have children
 - 8% of clients have Physical/Mental Limitations
- Conducted Focus Groups & Client Surveys
- Reviewed our Intake System

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Information on Client Intake Visits to FJC

(October 1, 2002 – April 30, 2004)
Information Derived from

FJC Intake Database



Client Intake, Services & Feedback



"What took you so long!"

Client in Focus Group

Focus Groups – Benefits of Services

- Clients felt stronger, more independent, and better able to care for themselves
- Reported less fear
- Reported improved relationships with others
- Able to make better decisions in pursuing their goals
- Obtained visitation or custody of children

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Focus Groups – Client Concerns

- Lack of knowledge about criminal justice system
- Delays in legal proceedings
- Lack of follow through to take guns away from offenders
- Wanted more services for children
- Wanted easier access to housing/shelter
- Negative encounters with certain staff members

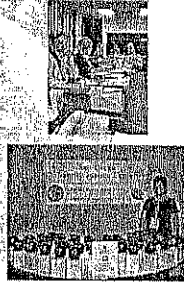
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Funding for the FJC

How has the FJC been Funded?

- State & Federal Grants
- Foundation Grants
- Fundraising efforts
- Corporate Partnerships
- Block funds
- Tobacco funds
- General Fund
- Piggy Bank



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Theme: Constant Growth/Change in FJC Service Delivery

- Cross-Training between professionals
- Growing volunteer program
- Changing partners based on funding
- Increased emphasis on medical services
- Increased focus on legal assistance
- Moving toward greater emphasis on economic justice — child support, housing availability, employment training, child care, job placement
- Children Services becoming central!

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Unanticipated Outcomes

- Humbling experience
- Empowering experience
- Volume of victims seeking services
- Victims coming back to "hang out"
- Forensic Medical Unit
- On-going Community Support
- Level of synergy and progress

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National Recognition

- Mayor Dick Murphy received the "Outstanding Achievement Award" at the US Conference of Mayors in Denver for the Family Justice Center.
- June 2003

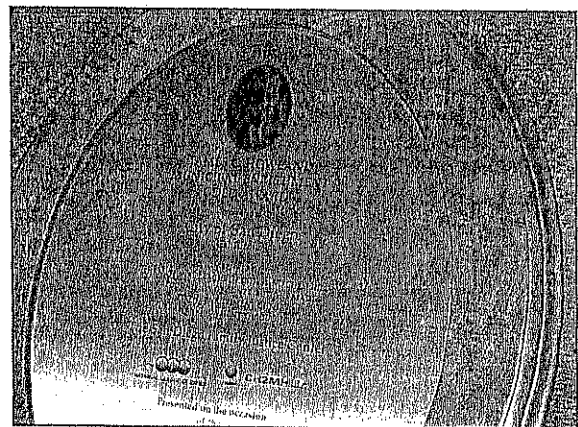


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Awards & Recognition 2004

- Soroptomist International 2004 Advancing the Status of Women Award (April 2004)
- ChildHelp USA Leadership Award
- Featured in San Diego Magazine (Sept 2004)
- Freedom Foundation at Valley Forge — Certificate of Merit, National Awards Program, Adult Community Category
- Manager's High Performing Team (Oct 2004)
- Finalist Business Journal Multi-Cultural Heritage Award (May 2005)

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What's Happening Now?

Statistics 10-02 to 10-05

- 16,090 clients
- 71,000 phone calls
- 12,037 site visitors
- 30,000 SDPD DV police reports
- **5 Homicides as of October 18, 2005**
 - 9 in 2002, 7 in 2003, 6 in 2004
- Cost of a DV Homicide: \$2.5 million
 - SD County DV Fatality Team

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Steering Committee



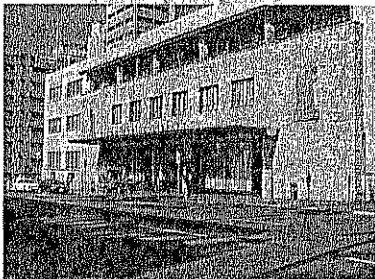
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Steering Committee

- Who's on it?
 - Chair of PS&NS
 - City Attorney
 - Police Chief
 - District Attorney
 - FJC Director
 - Fire Chief
- Meet quarterly
 - Feb 18, 2005
- What is the scope?
 - Advisory Committee
 - Recommendations to City Manager & Council
 - Long term planning
 - Programs
 - Priorities
 - Staffing/Budget
- What are we doing?

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Phase II



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Statewide

- Attorney General's Task Force on Domestic Violence
- One stop shops in:
 - San Jose
 - Riverside
 - Alameda
 - Fresno (pending)
 - Contra Costa (pending)
 - Anaheim (pending)
 - Santa Monica (pending)



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President's FJC Initiative Announced in October 2003



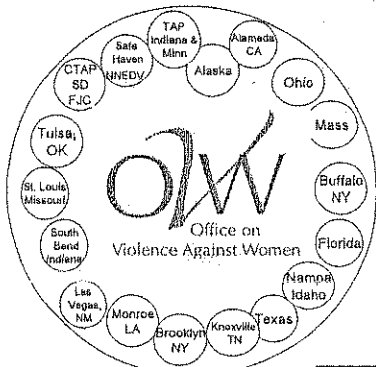
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President's FJC Initiative

- Initiative was announced 10-03
- Informational Conference January 2004
- Grants submitted February 2004
- Peer Review in March 2004
- Site Visits May, June & July 2004
- Sites announced in July 2004
- Kickoff Conference in August 2004

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President's FJC Initiative



President's FJC Initiative

- Learning Exchange, Tampa, Jan 2005
- LET II, San Diego, May 2005
- New York FJC Opens July 2005
- San Antonio FJC Opens August 2005
- LET III, Indiana, September 2005
- Promising Practices, September 2005

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International
Family Justice Center Alliance

Croydon, England



Center Foundation



The Book & the Manual

Hope for Hurting Families
Volcano Press – April 2006
Proceeds will support the San Diego Family Justice Center

Major Accomplishment



- Eden
- Walked in a Victim
- Walked out a Survivor

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Special Thanks & Recognition

- California Endowment
- California Wellness
- Mayor, City Council & City Manager
- Jerome's Furniture
- Verizon Wireless
- Sharp Grossmont Hospital
- Violence Against Women Office
- Waitt Family Foundation

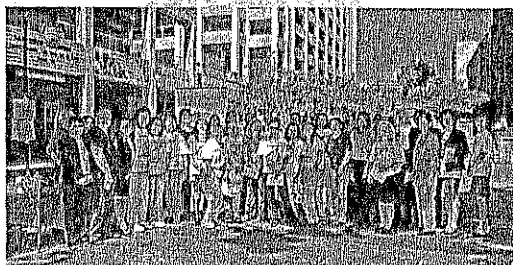
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How to help?

- You can help by:
 - Endorsing the Family Justice Center
 - Donating your time
 - Help us with our wish list
 - Inviting us to your organization
 - Sharing your ideas and giving us feedback
 - Sharing your mailing list
 - Funding space, an item or a project

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Thank you!
www.familyjusticecenter.org



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How to Reach us:

- Family Justice Center
- 707 Broadway, Suite 700
- San Diego, CA 92101
- 1-866-933-HOPE
- TTY: 1-619-533-6049
- familyjusticecenter.org
- Local DV Hotline: 1-888-dvlinks

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Exhibit 31

**PUBLIC NOTICE
AND
AGENDA**

**CITY OF SAN DIEGO
FAMILY JUSTICE CENTER STEERING COMMITTEE**

May 13, 2005

12:00 P.M.

**FAMILY JUSTICE CENTER
707 BROADWAY, 7TH FLOOR
SAN DIEGO, CA 92101**

**COMMITTEE MEMBERS: IF YOU ARE UNABLE TO ATTEND THIS
MEETING, PLEASE CALL JEAN EMMONS AT 619/533-6020.**

(For information call Jean Emmons at 619/533-6020.)

CALL TO ORDER

COMMUNICATIONS (Limited to items not on the agenda. Each one will be limited to three minutes and is not debatable.)

ACTION ITEMS

1. Governance Update
2. Strategic Planning Update
3. Membership
4. Sister Cities
5. Phase II – Future Site of the FJC

INFORMATION ITEMS

ADJOURNMENT

Next Regular Meeting: TBD

